



General Assembly

February Session, 2008

Raised Bill No. 5539

LCO No. 1750

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Referred to Committee on Public Health

Introduced by:
(PH)

***AN ACT CONCERNING THE ESTABLISHMENT OF THE
CONNECTICUT HEALTH QUALITY PARTNERSHIP.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2008*) (a) There is established a
2 nonprofit legal entity to be known as the Connecticut Health Quality
3 Partnership. The Connecticut Health Quality Partnership shall be a
4 financially self-sustaining entity. The Connecticut Health Quality
5 Partnership shall be composed of the following members: (1) A
6 representative from each health insurer licensed to operate in the state,
7 (2) the Connecticut Hospital Association, (3) the Connecticut State
8 Medical Society, (4) the Connecticut Business and Industry
9 Association, (5) the Connecticut Pharmacists Association, (6) a
10 Connecticut-based quality improvement organization that has also
11 been designated by the state as a patient safety organization, and (7)
12 the Commissioners of Social Services, Public Health and the Office of
13 Healthcare Access, and the Healthcare Advocate, or their respective
14 designees, shall be nonvoting, ex-officio members of the Connecticut
15 Health Quality Partnership.

16 (b) Each member of the Connecticut Health Quality Partnership

17 pursuant to subdivisions (1) to (6), inclusive, of subsection (a) of this
18 section shall contribute dues to ensure the financial self-sustainability
19 of the partnership. The amount of dues contributed by each such
20 member and a schedule setting forth dates for the payment of such
21 dues shall be developed and agreed upon by the members of the
22 partnership. The dues schedule shall take into consideration the
23 financial ability of the member to pay such dues and shall be reflective
24 of the economic benefits that may result from the collaborative efforts
25 of the partnership to improve health care quality and efficiency. In
26 order to enhance the financial viability of the partnership, members
27 shall pursue available grant funding from public and private entities
28 that include, but are not limited to, the federal Better Quality
29 Information to Improve Care for Medicare Beneficiaries program, the
30 American Health Quality Association, and the Robert Wood Johnson
31 Foundation. The partnership shall use membership dues and available
32 grant funding to employ professional staff to assist the partnership in
33 furtherance of its objectives. The partnership shall pursue accreditation
34 from the National Committee for Quality Assurance as a Quality Plus
35 program and shall endeavor to attain such accreditation no later than
36 July 1, 2012.

37 (c) The Connecticut Quality Health Partnership shall develop and
38 implement a plan for the collection of administrative data from each
39 health insurer licensed to operate in the state. Administrative data
40 collected by the partnership shall include, but not be limited to, claims
41 data pertaining to hospitals and physicians and other health care
42 providers that is reflective of health care quality. The partnership shall
43 use the collected aggregate data to: (1) Assess the quality of care
44 delivered in the state against national standards; (2) generate reports to
45 health care providers and consumers on provider performance; and (3)
46 formulate quality improvement recommendations that shall be
47 communicated to health insurers, physicians and other healthcare
48 providers. Such recommendations shall also be communicated to
49 consumers, in a format to be determined by the partnership, in order
50 to promote health care quality improvement initiatives and enhance

51 consumer health care choices.

52 (d) On or before July 1, 2009, and annually thereafter, the
 53 Connecticut Health Quality Partnership shall report on its activities to
 54 the joint standing committees of the General Assembly having
 55 cognizance of matters relating to public health, insurance and real
 56 estate, human services, and appropriations and the budgets of state
 57 agencies, in accordance with the provisions of section 11-4a of the
 58 general statutes. The annual report shall minimally include: The
 59 progress made in establishing and growing the partnership along with
 60 the current dues schedule, an accounting of any additional funds
 61 secured, information pertaining to the type of data collected and the
 62 utilization of such data for quality improvement efforts and consumer
 63 oriented initiatives, objective data that demonstrates health care
 64 quality improvement in the state, future goals, and the partnership's
 65 status in achieving accreditation from the National Committee for
 66 Quality Assurance as a Quality Plus program.

67 Sec. 2. (*Effective July 1, 2008*) The Commissioner of Social Services
 68 shall provide funds appropriated to the department pursuant to
 69 section 3 of this act, to the Connecticut Health Quality Partnership
 70 upon the partnership making a satisfactory showing to the
 71 commissioner that ten or more entities, described in section 1 of this
 72 act, have joined the partnership and have committed to contribute
 73 dues that are sufficient to ensure the financial self-sustainability of the
 74 partnership.

75 Sec. 3. (*Effective July 1, 2008*) The sum of five hundred thousand
 76 dollars is appropriated to the Department of Social Services, from the
 77 General Fund, for the fiscal year ending June 30, 2009, for the purpose
 78 of contributing to the initial costs that will be incurred to establish the
 79 Connecticut Health Quality Partnership.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2008</i>	New section
Sec. 2	<i>July 1, 2008</i>	New section
Sec. 3	<i>July 1, 2008</i>	New section

Statement of Purpose:

To establish the Connecticut Quality Health Partnership, a nonprofit legal entity, that will collect health quality data for the purpose of supporting quality improvement initiatives and enabling consumers to make better informed choices with respect to health care providers.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]